ebtor 1	Oona_	Daniele	Sama
ebtor 2	First Name	Middle Name	(Last Name
pouse, if filing)	First Name	Middle Name	Last Name
nited States E	ankruptcy Court for	the: Northern District of II	linois
	.6-27	217	

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

SEP 27 2018

JEFFREY P. ALLSTEADT, CLEHK

Check if this is an amended filing

Application for Individuals to Pay the Filing Fee in Installments 12/1						
		gether, both are equally responsible for supplying correct				
Part 1: Specify Your Proposed Payme	ent Timetable					
Which chapter of the Bankruptcy Code are you choosing to file under?	Chapter 7 Chapter 11 Chapter 12 Chapter 13					
<ol> <li>You may apply to pay the filing fee in up to four installments. Fill in the amounts you propose to pay and the dates you plan to pay them. Be sure all dates are business days. Then add the payments you propose to pay.</li> <li>You must propose to pay the entire fee no later than 120 days after you file this bankruptcy case. If the court approves your application, the court will set your final payment timetable.</li> </ol> Total	You propose to pay  \$77.50  \$77.50  \$77.50  \$77.50  \$310.00	With the filing of the petition     On or before this date				
Part 2: Sign Below						
By signing here, you state that you are unable understand that:	to pay the full filing fee at or	nce, that you want to pay the fee in installments, and that you				
You must pay your entire filing fee before you preparer, or anyone else for services in conne	umake any more payments or ection with your bankruptcy ca	transfer any more property to an attorney, bankruptcy petition se.				
You must pay the entire fee no later than 120 debts will not be discharged until your entire t	days after you first file for bar	kruptcy, unless the court later extends your deadline. Your				
If you do not make any payment when it is du may be affected.	e, your bankruptcy case may l	be dismissed, and your rights in other bankruptcy proceedings				
× Control of Colons of Col		*				
2018	Signature of Debtor 2 Date MM / DD / YYYY	Your attorney's name and signature, if you used one  Date  MM / DD / YYYY				